MAXIMUS Federal Services

Case Number:	CM14-0052006		
Date Assigned:	07/07/2014	Date of Injury:	07/23/2011
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant sustained a work injury on 07/23/11 when he had acute back spasms while working as a massage therapist. An MRI of the lumbar spine is referenced as showing an L5-S1 disc bulge. Since his injury he has had complaints including urinary frequency up to 25 times per day, nocturia approximately 5-6 times per night, urinary urgency and hesitancy, decreased urinary stream, a sensation of incomplete bladder emptying, urinary incontinence, enuresis, and he had developed erectile dysfunction with difficulty obtaining or maintaining an erection and difficulty having an orgasm. He had developed depression reported to have significantly decreased his libido. On 08/06/13, medications were Naprosyn and ibuprofen as needed. Subsequent testing included cystoscopy showing mild cystitis and there was a normal serum testosterone level. The requesting provider saw him on 11/13/13. He was having ongoing symptoms. Cialis was started.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CITALIS 5MG DAILY #30 REFILLS: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE NATIONAL GUIDELINE CLEARINGHOUSE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

Decision rationale: The claimant is status post work-related injury occurring more than 3 years ago and is being treated for multiple urological complaints including erectile dysfunction attributed to depression. He continues to be treated for chronic back pain. Sexual dysfunction due to decreased libido may be 'primary' and due to psycho logic causes, or secondary which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically induced effects.In this case, no other anatomic lesion or medical condition has been identified that would explain his symptoms. The prescribing of Cialis appears to be on an empiric basis. If the claimant has depression as the cause of his erectile dysfunction, then a psychiatric assessment and treatment of underlying depression would be the expected management.